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Communications.

REMARKS ON SYPHILIS.

I have selected syphilis as the subject of a short monograph, because of its prevalence, and the many opportunities I have had of studying its effects, both immediate and remote, on the animal economy, within the past fifteen years in the South and West. So rapid has been the increase in these diseases since the inauguration and close of the late civil war, that at least one-eighth of all the cases the practitioner is called upon to treat, in large towns and cities, are complicated with diseases of this character, and if there is not some system devised to prevent its spread and propagation, the next generation of Americans will occupy the unenviable position said to have been the condition of the English people in the 15th century, when the prevailing diseases of that country were "Syphilis, Sycosis and Itch." I do not propose to discuss the origin or antiquity of syphilitic disease, but simply to give some of the facts in regard to its peculiar effects that have come under my personal observation, and at the same time illustrative of the principles and theories in dispute among syphilographers.

1st. The period of incubation—and the fact that syphilitic virus may remain enveloped and inactive in a *cicatrix* for a long period of time without giving rise to secondary symptoms.

2d. The communicability of Secondary Syphilis.

3d. The communicability of both primary and secondary Syphilis to the lower animals.

4th. Syphilis as a cumulative poison.

In regard to the period of incubation. It ranges from forty-eight hours (as in cases of abrasion, to *seventy-three days*, the longest period ever claimed under my observation. This last was the case of a gentleman of the highest character for veracity, who assured me that it had been seventy-three days from the time of intercourse with any woman, until the appearance of the primary sore. The location of the sore, and his great regard for personal cleanliness, entirely precluding the chance of inoculation from any other source. This case favors the doctrine of slow or physiological absorption. As illustrative of the second branch of the first proposition, I beg leave to quote from my private record of cases.—W. J. D., (æt. 45), a gentleman of high social position, called to be treated for an ulcer on his penis. The history of the case is, that two years ago he contracted a sore on the prepuce which was pronounced and treated by a good surgeon as syphilitic chancre and was apparently cured. leaving however, a *hardened cicatrix* which has recently opened, after a *slight abrasion* and another formed on the glans-penis where the recent sore comes in contact with it. The disease yielded and the cicatrix disappeared under the ordinary treatment for *primary chancre* and up to the present time there has been no return. This patient who admitted the nature of the affection and who could not possibly have had any motive for concealment—*avers on his honor* that he has had no opportunity of contracting the same within the period of the two years preceding the appearance of the last chancre. Here we have a case of virus enclosed in the dense tissue of a cicatrix remaining undeveloped until accidental abrasion fully developed its virulence. The result of absorption in this case would have undoubtedly produced secondary effects. It was no doubt prevented by the low vitality and dense tissue of the cicatrix. On this ground we may

account for the fact that syphilitic poison is sometimes developed after long periods of apparent freedom from disease—the virus having been enclosed in tissue of such low vitality as to require a long time for its absorption and consequent constitutional effects.

To illustrate the second proposition I would state that I have at this time under treatment two persons who fully prove the communicability of secondary syphilis, by direct contact of mucous surfaces. A young man affected with secondary syphilis had intercourse with a country girl just commencing her career as a "woman of the town" and in kissing her *introduced his tongue into her mouth.* She was subsequently affected with excavated ulcers of the tonsils and blotches on various parts of the body precisely like those on the person of the young man who had communicated the disease to her. After a careful and thorough examination of her person, I was unable to find any evidence of a primary affection. By a singular coincidence I was called upon shortly after to treat another young man affected in a similar manner, who attributed his condition to intercourse with this same girl. In his case there had been no primary sore—he also confessed to his having introduced his *tongue into her mouth* while caressing her. Not being altogether satisfied upon so important a chain of circumstances, I managed to get all the parties together, when I became convinced of the truth of their previous statements.

On the 3rd point.—The communicability of both primary and secondary syphilis to the lower animals—I would state that in 1849 I was cognizant of a case of primary syphilis in the dog. The circumstances of the case were as follows: A gentleman, the owner of a fine Newfoundland dog, boarded at a hotel that employed negro servants. One of these female domestics had contracted syphilis, and, as she afterwards confessed, that with the idea common among the vulgar, "that to have a dog lick a sore would heal it," she had enticed the dog to an out-house where he had licked the sores on her person. The result was that the dog contracted a chancre in the mouth, and after having gone through the various stages of the disease, became so dangerous and disgusting from his friendly disposition, that his owner was compelled to destroy him.

Another case was that of a puppy used to draw milk from the breast of a woman laboring under secondary syphilis with excoriation of the nipples. The puppy became affected with a papular eruption of the mucous membranes of the mouth and inflammation of the conjunctivæ—the hair fell off and the skin presented exactly the same appearance as that of the disease known to dog-fanciers as "mange." The puppy was destroyed and Meig's breast pump substituted in its place.

In regard to the fourth proposition.—Syphilis as a cumulative poison.—Experimenters in Syphilization all recognize this fact. I quote from one of the most successful and indefatigable—he says—"By continued inoculation the ulcers become less and less until no effect is produced but the individual is still susceptible though in less degree to another kind of matter—again to a third and so on until at last no effect is produced by any kind of Syphilitic poison." There is a virtual admission that there are different kinds of virus—virus which differs only in *degrees of virulence* when inoculated into an individual who has had no previous vice of the physical structure. The question naturally arises—what produces this difference in the virulence in Syphilitic poison? The answer as I take it is plain.

The cumulative nature of the specific poison when not regulated and controlled by the observation of those laws necessary to the preservation of ordinary health. In this city (Pittsburgh) where prostitution is common and most wretchedly regulated and managed by the city Fathers—who in their anxiety to conceal the prevalence of this vice in their midst, forcibly remind one of the ostrich, which hides its head in the sand, leaving its body exposed all the time, fondly imagining that it is concealed and secure from the *public* observation—here where the "Women of the Town," are driven into the lanes, alleys, and hay-mows, I was not surprised to find a large per centage of *Phagedenic chancres* and mutilations. The women congregated in such localities as I have mentioned, are compelled to submit to the embraces of the most filthy and brutal of the race, and all diseases are indiscriminately mingled in one common vehicle of contamination, and spread broad-cast over the city. I could give many cases illustrating these facts but I have written enough to provoke reflection on these subjects—Vidal says: "If we reflect on the different forms of chancre, (which he describes under the name of varieties). We find that they are the result of complications—thus the first is complicated with Gangrene

another form diphtheritic with hospital Gangrene; while the serpiginous chancre is connected with tuberculous diathesis." And if he had only added, that whatever disease it may happen to be complicated with, only adds virulence to the syphilitic poison, he would have enunciated a truth justified by the experience of a majority of practitioners, who have given this subject a fair share of study and reflection.

IODOFORM AND IRON AS A REMEDY IN SCROFULA, CHRONIC ULCERATIONS, ETC.

By T. Jeff. Boyer, M. D.,
Of Clearfield, Pa.

About two years ago my attention was attracted to an article published in the proceedings of the State Medical Society, relative to a remarkable cure, effected by Warner's Iodoform and Iron Pills.* Since then I have used them in my practice, prescribing them in all cases of chronic ulceration with excellent results. In one or two old cases in which all the usual remedies of the materia medica had been used without any good results the use of these pills produced rapid improvement, pain disappearing, granulations becoming abundant and healthy, and sores healing up, leaving the patients in excellent health. I have faith in their curing almost any case of ulceration. A young friend of mine here was operated on by Dr. Agnew, of Philadelphia, for *necrosis* with great success, the wounds healing rapidly while the patient followed the advice of the doctor, but becoming careless, and after exposing himself to cold, and in several cases accidentally bruising the leg, an apparent new inflammation was set up. The bone commenced to thicken, and finally presented a rough, spongy appearance. During this time, by the advice of his physician, the old dressing was applied, and such constitutional treatment instituted as the nature of the case suggested, but no improvement manifested itself, the sore remaining stationary and painful, and after nine months of apparent useless efforts, the young man came to me, almost despairing. I hemmed up the edges of the sores, applied a weak solution of carbolic acid to them, ordered a simple dressing of citrine ointment and simple cerate, and gave the patient sixty *Iodoform et Ferri* pills, ordering him to take one, two or three, alternating doses, as he pleased, so that he would take five or six pills a day. The improvement was rapid; he gained flesh in an astonishing degree; absorption in the bone was very marked; the sore closed up, and, at the end of ten days, when the pills were taken, the surface, which had extended two inches ten days before, was now less than one inch. I ordered him one hundred of these pills, to continue treatment as before. The young man is now enjoying vigorous health; his leg is healed, free from pain, and he feels grateful, and says he never felt better.

I have on several occasions in scrofulous cases with hereditary lung taints, prescribed this remedy, and am satisfied that it has, at least for the time being, arrested the disease. In incipient Phthisis, I believe these pills should be tried.

I might give you a more definite statement of the effects of these Pills and cite several cases but fear this article is already more than you wish to read, but think it some interest to know my experience with this truly valuable agent I offer it for what it is worth and trust you may have the same success, should you have occasion to try it.

* These pills are manufactured by William R. Warner & Co., 154 North Third street, Philadelphia.

Hospital Reports.

PHILADELPHIA HOSPITAL.

January 12, 1870.

By F. F. Maury, M. D.
One of the Surgeons to the Philadelphia Hospital, Lecturer on Venereal and Cutaneous diseases in the Jefferson Medical College, etc. etc.
(REPORTED BY HERMANN W. NEWCOMB.)

Stricture of the Urethra.

Gentlemen:—I ask your attention to the case of stricture of the urethra, operated upon at our last clinic (Vid. Med. & Surg. Reporter of January 29th, 1870. H. W. N.,) with the "stricture dilator" of Holt. It was a case which, in my judgment, was well adapted to the operation of rupture, and that I was not in error, the result of the case bears ample testimony. It is not every stricture that can be treated in this way, but if your cases are judiciously selected, the operation is a highly satisfactory one. It is devoid of the danger attendant upon internal urethrotomy, is less tedious than gradual dilatation; and so far as my experience extends, gives more complete and permanent relief than any other of the operations devised for stricture. This man, since the operation, has kept his bed, avoided exposure to cold, and had no treatment but quinine in

ten grain doses. There has not been a single unpleasant symptom. Upon examining the condition of the urethra, you perceive no difficulty is experienced in passing into the bladder bougies Nos. 12, 14, 16, which latter is the calibre of the patient's urethra. This man needs no further treatment at my hands, although he should be directed to dilate the canal by introducing an instrument once a week. If he neglects this precaution, in all probability there would be a recurrence of the difficulty at no distant day.

Catheterism.

A few words in regard to the introduction of instruments into the bladder may not be amiss. There are various methods in vogue. The one usually adopted is, placing the patient in the recumbent posture; the operator standing upon the left side grasps the penis between the thumb and index finger of the left hand and raises it from the pendant to an almost vertical position, in order to obliterate the curve it makes at the pubes. The catheter is held lightly in the right hand with its concavity looking toward the patient. The point of the instrument is then inserted into the meatus and permitted to pass on almost by its own weight until it enters the sinus of the bulb, when by a slight retraction, and then a depression of the instrument, it engages in the opening of the triangular ligament and enters the bladder. It can be as readily introduced in the sitting or standing posture as in the recumbent, with the left hand as with the right, although the method I have just detailed to you is perhaps the preferable one. Whatever mode you may adopt, it is of the utmost consequence that you use no force. Too much stress cannot be laid upon the importance of delicacy of manipulation in the urethra. In removing the instrument, it is withdrawn in the direction of the curve of the urethra, and the moment before the point leaves the meatus, the handle should be nearly in contact with the median line of the abdomen. You are usually directed after operations for stricture to dilate the urethra daily by the introduction of a full sized catheter or bougie. But I am by no means convinced of the propriety of such a course. In fact I think it far preferable to leave the urethra unmolested, for perhaps three or four days subsequent to your operation, in order that the delicate mucous membrane of this canal, may recover in a degree from the shock inflicted. If you adopt this course, I think you will find the urinary passage more tolerant of manipulation and less inclined to resent further interference.

Holt's Dilator.

You have seen me employ the Holt "Dilator" to forcibly rupture a stricture, and I will now show you what I conceive to be another use of the instrument equally valuable. The patient is one upon whom I performed Mr. Syme's operation of perineal section, for a dense callous stricture involving the membranous portion of the urethra, during my term of service at this hospital last spring. The result of the operation was highly satisfactory, and the man was discharged from the hospital with a urethra readily accommodating a No. 12 bougie. Full instructions were given as to the necessity of the regular introduction of an instrument, but in this case as in many others, no precautions were observed and as a consequence of this neglect, there has resulted a condition that I will briefly explain. The constant tendency of an organic stricture is to contract. Whatever measures you may institute for its removal, still the tendency exists, and if patency be not maintained by the occasional passage of an instrument, there will inevitably be a reproduction of the pre-existing stricture. In the case before us, there has been not only this contraction at the seat of stricture, but also an irregular deposit of plastic matter in the sub-mucous cellular tissue giving rise to a tortuous condition of the canal.

Introduce the sound of the "Dilator" into the bladder, but instead of taking the largest sized staff and thrusting it forcibly home as was done in the former case, I take a staff of medium calibre and pass it gradually, yet continuously, to its full length. Permitting it to remain a few moments it is withdrawn, and then followed successively by the larger staffs until all have been introduced and the urethra is stretched to its fullest capacity. By this method of dilatation, the continuity of the mucous membrane is unbroken, and the site of stricture is merely widely distended; while in rupture there is in all probability a rupture of the sub-mucous tissue, if not of the mucous membrane itself. This process of dilatation is often most happy in its effects, frequently dissipating the stricture within a comparatively brief period. The most probable rationale of its action is a stimulation of the absorbents, thus inducing them to remove morbid effusions.

Doubtless you will have perceived, gentlemen, that there is a discrimination in the use of this instrument, and that in stricture, as in every other affection, each case makes its own law. This is a lesson that students are loth to learn, but one which, if early acquired, cannot fail to yield gratifying results. I could not inculcate a more important truth than when I assure you, much of your future success will depend on your securing broad principles—a stable foundation as it were—upon which to build your superstructure. No case is ever the exact countepart of another, and your treatment must be modified by circumstances of a varied nature. But if your *principles* are correct and comprehensive, you need not fear to cope with any malady, however complicated.

Primary Syphilis.

I bring before you for a third time, the case which you will recollect, I inoculated upon the occasion of our first meeting. (Vid. MED. & SURG. REP. for Jan. 22d and 29th 1870—H. W. N.) The artificial chancre was destroyed by the carbo-sulphuric paste a week ago to-day, and upon removing the eschar, there is brought into view a healthy granulating surface. By some, the efficiency of destroying a chancre within a certain period is disputed, they maintaining that the procedure is without advantage. But the case before you, would seem to show to the contrary, for I have inoculated syphilitic virus upon that surface of the thigh where the absorbents are extremely active, and although a period sufficiently protracted has elapsed, there is not the least enlargement of the lymphatic glands, or in fact, any evidence to show that the part took cognizance of the presence of a poison. And yet, I venture to affirm, that had not the specificity of the artificial chancre been destroyed by the carbo-sulphuric paste, there would have been ere this, a chain of indurated lymphatic glands in this man's groin. This man's treatment internally was simply *nothing*, it having been decided to treat upon the expectant principle and wait for further developments. He is thriving well and no alteration will be made in his treatment.

Lichen.

I call your attention for a moment to the case of Lichen that I have had before you on several occasions. You will recollect his treatment consisted of a sulphur vapor bath four times a week and a mixture containing Tinct. ferri chloridi, Liq. potassæ arsenit. and Hydrarg. chloridi corros. There is a marked improvement in his condition. The eruption is much less distinct and in parts has faded altogether. The skin is soft, pliable, and wholly devoid of the harshness that formerly distinguished it, and the entire cutaneous surface more nearly approaches the healthy normal condition. The man is doing so well under his present regimen I see no reason for altering it. We will continue the treatment.

Gonorrhœa.

I now show you a series of cases, illustrative of an affection of the generative organs, entirely distinct from the one we have just been considering. I refer to gonorrhœa. It has been variously denominated as blennorrhagia, blennorrhœa, blennurethria, chandepisse and clap, all of which are more or less inappropriate. Blenorrhagia signifies merely a flow of mucus; gonorrhœa a flow of semen—still more inaccurate you perceive,—chaudepisse has reference to the smarting sensation experienced during micturition, and the other terms are equally inapplicable. But it matters little what name you prefer, so long as you understand the nature of the disease, and are competent to meet its indications. Gonorrhœa is the name perhaps most familiar to you, and I shall accordingly adopt it. John Hunter accurately described gonorrhœa, but he committed the error of confounding it with syphilis, from which it is wholly distinct, the two diseases possessing no points in common, except that they are both usually the results of impure intercourse.

It was reserved for M. Ricord to demonstrate conclusively the non identity of syphilis and gonorrhœa, and to lay down broad lines of destinction between them.

Gonorrhœa is a local contagious disease of the urethra, originating generally from infectious intercourse, characterized by symptoms of acute inflammation, and *is incapable of contaminating the system at large.* It is propagated mainly through the medium of pus, that differs in nowise so far as we can ascertain from ordinary pus. The researches of Van Roosbrœck would seem to show, that the immediate vehicle of the virulent principle of contagion, is the pus globule, but the highest power of the microscope fails to reveal an appreciable alteration in the pus globule of Gonorrhœa from that of any suppurating surface. A theory has been advocated of late years by several writers, to the effect that gonorrhœa depends upon a peculiar fungoid growth. But no evidence has been adduced to warrant me in placing any reliance upon such a belief, and I cannot but regard it as a fallacious one. The truth of the matter is, we know as little of the intimate nature of gonorrhœa as of syphilis, and that little amounts to nothing.

The period at which gonorrhœa manifests itself after exposure is a variable one. In one man it may be developed in 24 hours, in another not for two weeks. This is governed by numerous circumstances, such as the patient's susceptibility, the conformation of the virile organ, his observance of cleanliness, etc., etc. By some, the time during which the poison is apparently dormant is regarded as a period of incubation. But I do not think it can be strictly so considered.—

There may be a certain interval of time intervening between the reception of the gonorrhœal virus upon the urethral mucous membrane, and the appearance of those symptoms by which its presence is announced; but this period is merely one of latency, not incubation, properly so-called. The poison begins to work immediately after being implanted upon the living tissue, though the result of its action is not made manifest for a period varying from a few hours to a number of days.

A typical case of gonorrhœa is characterized by four stages. The first or formative stage, the second or stage of high inflammatory action, the third stage or period of subsidence, and the fourth stage or period of gleety discharge. It is important that you should understand this, for upon the grade of inflammation depends the kind of treatment you are to institute. When we trace back a case of gonorrhœa, we find the earliest symptoms to consist of a gradually increasing titillation of the meatus, which is somewhat red and swollen; an increased venereal appetite, frequent erections, slight scalding upon micturition, and a mucous discharge gluing the edges of the meatus together. The inflammation is now in its incipiency, but if permitted to continue unchecked, is rapidly developed. Micturition now becomes intensely painful, and erections are frequent and often characterized by a peculiar incurvated condition of the organ, designated chordee. The discharge, which was a transparent mucous, is now yellowish green in color, often tinged with blood, and is poured out in quantities frequently amounting to several drachms in the twenty-four hours. The system at large sympathizes with the local affection, as is shown by an acceleration of pulse, increased heat of skin and the usual accompaniments of a febrile condition. Gradually the acute symptoms subside, and the disease enters upon the stage of decline. Micturition causes but trivial inconvenience. Chordee is no longer present, and erections are almost painless. The discharge is less abundant and has lost its purulent character, the temperature has returned to its normal standard, and the pulse is beating with its accustomed rhythm. The disease may here terminate without further annoyance to the sufferer, but more frequently there is established a fourth stage or period of gleety discharge. The predominant feature of this stage is the discharge, which is clear, mucous and stringy. It is not constant, being often wholly absent for a considerable period, and is most perceptible in the morning when the patient rises from his couch. It varies in quantity, being increased by any excess or imprudence on the part of the patient, and is exceedingly chronic, often resisting persistent medication, and continuing for years, if not for a lifetime.

Treatment.—The treatment of gonorrhœa depends upon the stage of the inflammation. It is rare that we have the opportunity of observing gonorrhœa in its first or formative stage, patients not usually consulting us until it is fully established. But in those cases, when the morbid action is yet in its incipiency, when micturition is unaccompanied by severe pain, and the discharge is slight, clear and mucous, we may endeavor to abort the threatened inflammation by establishing one of another character. This is done, not by injecting a solution of nitrate of silver, thirty or forty grains to the ounce of water as has been recommended by Debeney and Ricord, but by employing injections of the mildest and most unirritating character, as, for instance, an eighth or a sixth of a grain of nitrate of silver to the ounce of water. Rest assured no benefit will accrue from a resort to harsh measures, but on the contrary, they will only serve to aggravate the already inflamed urethra. In addition to the local treatment, you should keep the patient at rest and institute a general antiphlogistic regimen. But we will now suppose that the disease is fully established. What course is to be pursued? It is a point upon which not sufficient stress is laid by authors, that the treatment of gonorrhœa should be modified by the temperament and constitution of the patient, and especially is this the case during the high inflammatory period of this disease. If the man is strong and vigorous, with a full bounding pulse, you take blood from the arm or apply leeches to the perineum. You diminish the force and frequency of the heart's action by means of aconite or veratrum viride, you purge him well, restrict his diet, and placing him in the recumbent posture make cooling application to the genital organs, and at the same time keep them well elevated. They should also be kept scrupulously clean, and for this purpose should be frequently immersed in tepid water, and occasionally injections of the same purifying agent thrown gently into the urethra. No copaiba or cubebs gentlemen, injections of sulphate of zinc or nitrate of silver. Lose sight of the origin of the disease, and treat this inflammation upon the same principle that you would inflammation occurring in any other portion of the body. If the patient is weak and unable to bear depleting measures modify your treatment and eschew those agents that are calculated to depress the vital powers and at the same time strive to limit the morbid action.

It is not my custom to give formulæ for you to take down, it having been my aim, as I before remarked, to instil *principles* for your guidance in the treatment of disease. But the one I shall now mention will serve as a frame-work for the compounding of your prescriptions, and will be extremely valuable to you.

℞.	Antimonii et potass. tart.,	gr. j.
	Magnesiæ sulph.,	℥vj.
	Tinct. verat. virid.,	f.℥ss.
	Morphiæ sulph.,	gr. ij.
	Spts. etheris nit.,	f.℥iv.
	Sodæ bicarb.,	℥ij.
	Sacch. alb.,	℥ij.
	Aquæ destil.,	f.℥viij. M.

S.—Tablespoonful at a dose.

The indications met by the agents, contained in this mixture, are sufficiently evident to require no explanation of their actions. You can modify the formula according to circumstances. Where any one of them is contra-indicated or not required, you can either leave it out or substitute another agent,

and thus you can meet the varying conditions as they may exist.

The diet of the patient should consist of farinaceous articles, oysters, a few vegetables, and the lighter meats. All stimulants should be strictly forbidden, except the patient be an habitual drinker, when you may permit a little whiskey well diluted with water. Condiments, highly seasoned food, all the grosser articles of diet, port or sherry wine are to be interdicted.

When the acute inflammatory symptoms begin to subside and the stage of decline sets in, then you may resort with advantage to medicated injections and the so-called specifics copaiba and cubebs. You should be extremely careful that your injections are not too strong, for you may not only lay the foundation for the future development of stricture, but you also cause the extension of the inflammation through the vasa deferentia to the testicle, thus giving rise to orchitis. This is a point of vital importance, and I desire to impress it very forcibly upon your minds.

The substances that are employed as injections are without number, among the most reliable are sulphate of zinc, acetate of lead, nitrate of silver, permanganate of potassa, tannic acid, etc., etc. When you find that an injection has ceased to produce any effect you should resort to another. A favorite combination of Ricord which I occasionally employ is viz:

R.	Zinci sulph,	℥j.
	Plumbi acetat.,	℥ij.
	Tinct. opii,	
	Tinct. catechu,	aa.f.℥j.
	Aquæ rosæ,	f.℥viij,

S.—Inject four times daily.

I find, gentlemen, my hour has terminated without my subject having been concluded, but I have had sufficient time to bring to your notice some practical details that you will do well to profit by. Upon the occasion of our next meeting I shall continue the discussion of this interesting topic, beginning with the fourth division of my classification of the subject,—gleet.

Medical Societies.

CHITTENDEN COUNTY (VT.) MEDICAL SOCIETY.

The regular quarterly meeting of this Society was held at Essex Junction, on Tuesday, January 11th. Dr. J. F. Miles, of Hinesburgh, was chosen President, *pro tem*; Dr. F. F. Hovey, of Jericho, Secretary, read the proceedings of the annual session; Dr. M. Cole, of Burlington, reported cases of Imperforate Hymen, and Dr. Fairchild, of Milton, reported several occurring in his practice of many years, in one of which there was no line of demarcation for a vagina. In this case he cut down nearly three-quarters of an inch before opening into the natural cavity. Restoration was complete. Dr. Fairchild also reported a case of self-castration, in which a bricklayer, having a family of eight children, in a temporary fit of aberration of intellect, partially castrated himself with a jacknife. He took out one testicle entirely, cut open the other side, leaving that testicle dangling. After this operation he went to work and continued at his labor till the overseer discovered his condition by a pool of blood at his feet. On being inquired of in relation to it he said the end of a board had struck him. He persisted in his work, taking largely of whiskey as he became faint, until finally from the effects of both loss of blood and whiskey he became incapacitated for labor, and was carried in a wagon three miles to his home, the testicle dangling as before stated. A physician being called he refused at first to have any thing done for him whatever, but finally, after much persuasion, consented to have his wounds dressed.

This occurred on the 6th of November. On the 8th Dr. Fairchild was called, and found the scrotum, which in the dressing had been neatly stitched up, swelled and filled with extravasated blood. Giving vent to this he ordered some simple dressings, there being no appearance of sevre inflammatory action.

On being questioned in regard to the matter said he knew nothing about it; did not know that one of his testicles was gone; had no knowledge of the affair whatever. He recovered in due time without any untoward event.

Resolutions were adopted endorsing the proposed action of the State Medical Society, relating to the matter of pure liquors for medicinal purposes, and urging those who have the purchase of such liquors in charge, to use all the means in their power to secure for their agencies liquors that are free from adulteration with poisonous drugs.

The discussion on these resolutions elicited the difficulty under which physicians labor in procuring pure liquors for their prescriptions, and the necessity of going outside of the legal agency to find them.

The next meeting of the Society is to be held at Burlington in May, when Dr. A. D. Tagert, of Shelburne, is appointed to read a paper on *Cancer*. Dr. Sund, of Burlington, one on *Cerebro-Spinal Meningitis*, and Dr. Butler, of Essex, one on *Consumption in Vermont*. Dr. J. F. Miles is appointed to lead a discussion on the *Dietetic Management of Disease*.

The session was not largely attended, but those who were present enjoyed the meeting greatly, and especially the nice entertainment provided for them by that excellent landlord, Mr. Kimball, of the Central House.

L. C. Butler, M. D.

Essex, Vt., Jan. 1870.

EDITORIAL DEPARTMENT.

Periscope.

The Medical Activity of the American Hemp Plant.

In the last number of the *Transactions of the American Philosophical Society* is a prize essay by Dr. H. C. WOOD, intoxicant properties of the hemp plant, as grown in North America (cannabis indica). As the article is one of great interest, we make several extracts from it.

The plants from which the experiments were made were grown near Lexington, Kentucky. Dr. WOOD first experimented on himself by swallowing about 20 grains of the extract, prepared by evaporating an alcoholic tincture of the leaves. It produced startling and serious symptoms, which he details with great vividness. They were so alarming that medical aid was summoned. Dr. THOMAS, who was called in, states his condition 4 hours after the extract had been taken, thus:

"I was called at 8½ P. M. to Dr. H. C. Wood, and was informed he had taken an over-dose of extract cannabis. indica. I found him presenting at first glance, the mental condition and excited manner of mild alcoholic intoxication. His powers of ratiocination were but slightly impaired. The most prominent psychological manifestations was a constant and overwhelming dread of impending death, which no amount of assurance could relieve for more than an instant; with this was combined an almost entire loss of the faculty of appreciating time —moments seeming to his disturbed consciousness to be hours in length, He stood and walked without difficulty, and his voice was natural in tone and accent. Pupils widely though not completely dilated; pulse moderately full, and numbering 106 beats per minute, increasing in frequency to 118 per minute within the following twenty minutes, and becoming decidedly weaker. The extremities were cool and growing colder. Zinci Sulph. was now ordered with a view of evacuating the stomach of any of the drug which might remain unabsorbed, as well as for any possible revulsive influence it might exert. At ten minutes after 9, when the emetic was obtained, the pulse was found to have increased in frequency still further (136) and to have proportionately decreased in volume. Within 15 minutes following, the feet mean time having been soaked in hot mustard water, free emesis took place, and the pulse rapidly fell, improving at the same time in quality. At 10. 15 it was 104 per minute, and it remained about the same for the succeding hour. The warmth of skin was at this time restored. The mental state varied but little throughout.

We now quote Dr. Wood himself:

In order to determine the proportion of extract obtainable, the following experiment was performed.

Six ounces of the dried leaves of male Kentucky hemp plants were treated with hot alcohol and then exhausted with a little ether. The tinctures thus obtained were mixed and evaporated. The extract thus procured weighed 252 grains. One drachm of it was rubbed up with a strong solution of the Carbonate of Soda to remove fatty matters, etc. It lost nineteen grains or 32 per cent., very nearly one-third of its weight. Six ounces of the leaves, therefore, yielded rather more than two and two-thirds drachms of an extract, from which every thing soluble in an alkaline solution had been removed. The method employed resembles that of the Messrs. Smith of Edinburgh. They obtained from 6 to 7 per cent. of their purified extract from the plant grown in India. I obtained 4 to 5 per cent. of the extractive and as the operation was on a small scale and conducted by one totally unversed in practical pharmacy, there can be no doubt that there was sufficient loss to bring up the proportion to 5 per cent. Moreover the American leaves were probably not so dry as the Indian.

The therapeutic powers of this extract were not tested.

To test the matter further, I exhausted three ounces avoirdupois with hot alcohol, and the resultant tincture was placed in the hands of Hance, Griffiths & Co., manufacturing chemists of this city. Four-fifths of this tincture were evaporated by them to the consistency of a syrup and to it was added ten times its bulk of water. The precipitate was washed and dried. When given into my hands, it was a softish, greenish, adhesive resin. Of this I took three-fourths of a grain dissolved in a mixture of alcohol and ether. It produced marked cerebral disturbance amounting to a mild intoxication.

These symptoms were similar to those heretofore detailed, but very much milder. There were, however, no marked periods of unconsciousness, merely a feeling of hilarity and a total inability to fix the attention except for a very short period, and also some prolongation of time.

Of this same resinous extract, my friend, Carl Früh, a graduate of the Philadelphia College of Pharmacy, took one grain. He first felt the influence of it about supper time. His head felt as if some one was violently compressing it, and at the

same time there was a feeling of hilarity, with an uncontrollable desire to talk and laugh, so that those around him asked him what had come over him.

At supper he was almost ravenous, and ate so much that it was noticed by others. Upon attempting to concentrate his thoughts upon any subject, he found it required a very painful effort. In attempting to compound a prescription, he found it impossible to remember more than one ingredient at a time, and even this was almost beyond his powers. In the evening he went to a lecture at the College of Pharmacy. Although he understood all that was said, yet he could not remember it a moment, and at times would forget his surroundings, and then suddenly wake up to find himself sitting in the lecture room. Later in the evening he attended a society meeting, and afterwards went out with a fellow student, but has no recollection of what was said or done. There was a good deal of priapism during the night, and a state of venereal excitement was induced, lasting several days. During the night urine was passed very freely. Before this he had taken two grains of Herring's extract with the result of producing similar symptoms, which were, however, no more intense than those caused by the single grain of the American resin.

Messrs. Hance and Griffith prepared the resin from the remainder of the hemp tincture, by first agitating with milk of lime, filtering, precipitating by sulphuric acid, agitating with animal charcoal, again filtering, concentrating by evaporation, and precipitating the resin by the addition of twice the bulk of water. The resin thus obtained was tested by my friend, Dr. Richardson, in Pennsylvania Hospital, by permission of Dr. Da Costa, the attending physician. One-fourth of a grain of it was found to be sufficient to produce decided therapeutic results; in some cases acting very pleasantly as a hypnotic and calmative; in others, causing evident sensorial disturbance, but rather aggravating than alleviating the distress of the patient.

Having at that time a lady under my care, subject to severe attacks of neuralgia, I supplied her with some of the drug in ¼ grain pills. Of these she found one was always sufficient to induce a quiet sleep of some hours duration, from which she generally awoke free from pain. After the limited supply of this preparation was exhausted, I tried with her a similarly prepared extract made from imported Indian hemp plants, but a grain of this did not suffice to quiet the pain and induce sleep.

The above experiments are certainly sufficient to prove that the hemp plant, as grown in Kentucky, contains a sufficient abundance of the active principle, to be capable of yielding a supply to the pharmaceutist. If I am correctly informed, the Indian plant is worth, at wholesale prices, about a dollar a pound in our market. The male seeding plants in Kentucky, after they have shed their pollen, are worthless. It was with such plants the experiments were instituted. A considerable supply of them might be obtained, so Hamilton writes me, for little more than the expense of gathering them, or if the demand should exceed the amount of such male plants, the leaves of the female plants, when ready to be cut for the fibre, might be obtained on the same terms.

Treatment of Scarlatina.

Dr. WALTER FERGUS, of Edinburgh, gives the following practical suggestions on this topic in a recent number of the *Lancet*, (London):

Scarlatina, baffling as it does the ordinary sanitary measures, deserves all the more consideration in the subject of treatment. It is undoubtedly true that some forms of the disease mock the best-devised methods of treatment, but these cases are happily rare. As the malady generally presents itself, few diseases yield to treatment more satisfactorily. The chief point is, not to be overmuch afraid of your enemy, and to put a *quasi* faith in the issue of the battle being on the side of recovery. Medicines easily become poisons in this disease; a smart purge or a repeated emetic not unfrequently changes a moderate attack into one of peril, increasing the danger of all the symptoms. Next to a good supply of air and a comfortable bed, *quietness* is of the utmost consequence; a fussy nurse or over-anxious parents turn the scale against a patient with unerring certainty. Everything about a sufferer from scarlatina should be as quiet and as cheerful as it is possible to make it. An emetic of sulphate of zinc and ipecacuanha wine, in the *earliest* stage of the disease, is of use, helping as it generally does, reaction; but should not be repeated with a view of cutting short a disease which *will* run its course. If the patient can be kept alive for from seven to nine days, he will most probably make a good recovery. After the emetic, the patient should be allowed to sleep as much as possible; the more he sleeps on the first two or three days of the attack the better in all probability will be the result. At the end of that time, in most cases, all sense of depression or oppression will have passed away, quietness being maintained, an uninterrupted recovery ensues. Two remedies have proved almost equally useful: chlorine gas in a sweetened solution is most grateful to the patient, and evidently helps him in his battle; but a better medicine is the liquor of acetate of ammonia, with a considerable excess of carbonate of ammonia, with ten minims of nitric ether in each dose. It should be given in doses repeated with greater frequency in severe cases. Gargles are useful in cooling and

relieving the throat: a weak solution of chlorine gas sweetened, or of Condy's fluid, answers well as a gargle. It is a good practice to make a patient gargle before taking food or medicine. Nitrate of silver or strong hydrochloric acid must be used if there is much blocking of the fauces, or grey patches on their surface. Ice is of immense use where there is either great throat affection or sickness. The pleasantest drink is soda water given freely, with wine if required.

The disease seems to produce a stretching or distension of every soft fibre and structure of the body. All treatment should be directed to the restoration of tone to the distended and weakened structures; with this view iron and quinine may be given early in the attack. From the fifth or sixth day six grains of the sulphate of iron, magnesia, and quinine* should be given *with* the ammonia draught. This mixture may be continued till convalescence is complete. Toward the end, in many cases, the sulphate of iron, magnesia, and quinine may be given alone in from fifteen to twenty grain doses. In this form iron and quinine rarely disagree with a patient, and aperients are seldom required during its use. The external treatment is of great importance; rapid sponging with vinegar and water is called for if the patient does not sleep, or if there is much irritation of the skin. In cases with extreme development of the rash and burning skin, the cold douche, rapidly given, acts like a charm. The patient, placed in a sponging bath close to the bed, has four to five wash-hand basins of cold water poured in quick succession over him, is quickly rubbed dry, and put to bed, when, if the treatment has done good, he drops off to sleep almost at once. Warm baths early in ordinary cases do harm, nor should they be used until a certain amount of restoration of tone has taken place. Anointing with fatty substances early in the disease is not likely to benefit the patient; it may arrest to a certain extent the diffusion of the separated cuticle. Scrubbing a patient with carbolic soap in a bath ought to be postponed till a very late period of the disease. Before the restorative stage is reached, every exertion on the part of the patient should be avoided. Close stools near to the bed should be provided, and kept always charged with a disinfectant. If a warm bath is given, it should be brought close to the bed, and the patient ought not for any purpose to leave his bedroom till he has recovered his strength and appetite.

In none of the cases treated on the plan indicated has there been a disposition to the formidable sequelæ of scarlatina. In many of the cases albumen appeared in small quantity from the fourth to the sixth day, uniformly disappearing in from three to four days. Albuminuria was more frequent in the cases treated with chlorine gas, which was on that account finally abandoned for the ammonia and tonic treatment.

A well-regulated and sufficient diet, with a change of air, as soon as a removal is prudent, completes the recovery. Occupation, especially mental occupation, must be cautiously resumed. The brain, as much as any other organ, suffers from the stretching process of scarlatina. Early in the disease, books, conversation, light, and loud noises should be avoided. Long after recovery the brain frequently shows signs of slow restoration of power.

* The magnes. ferri et quiniæ sulph., as sold, contains, in twenty grains, one grain of sulphate of quinia, three grains of sulphate of iron, and sixteen grains of sulphate of magnesia. In the form of powder it keeps well for a long time, without oxidation of the iron.

Double Spontaneous Dislocation of the Lens.

Dr. H. W. Williams reports the following interesting case in Ophthalmology to the Boston *Medical and Surgical Journal:*

On July 13th, 1869, I saw Mr. M., a healthy man of 35, who gave me the following history:

At about 18 years of age he was told that his iris quivered in both eyes; and this he had himself been able to observe on looking into a mirror. Probably the suspensory attachments of the crystalline were even then relaxed or separated in a greater or less extent.

About a year and a half since, the lense of the right eye passed through the pupil into the anterior chamber, and this phenomenon has been repeated, at intervals varying from two or three weeks to as many months; alway occurring when he stooped or made an effort in lifting. Usually, he has been able to replace the lens by shutting himself for a few moments in a dark closet. The displacement has not generally been accompanied with pain.

He has noticed that when he leaned his head toward the right he saw better, when toward the left he scarcely saw at all with this eye. He wears No. 6 concave glasses, and with these reads No. xxx. of test types at ten feet distance with his left eye. Vision good for reading with this eye.

Four days before I saw him, the right lens became displaced into the anterior chamber, and has remained there, giving him a dull pain in the globe, and causing very slight injection. It appears like a large drop of oil between the cornea and the iris. The pupil is considerably dilated, and the iris is distended by the over-lying lens.

He was placed upon his back in a dark room, and the cornea was gently rubbed with the upper lid until, after a few minutes, the lens slipped back into the posterior chamber. When his head was upright the lens now covered the inner half of the field of the pupil; when the head was leaned toward the right shoulder nearly the whole field of the much dilated pupil was covered by the lens; but when he leaned toward the left shoulder the margin only

the lens was visible at the inner edge of the pupil. Evidently the displacement was lateral, without any tilting backward.

When the lens was nearest its normal position he saw, with his No. 6 *concave* glass, nearly as well as with the other eye; when it was laterally displaced he saw best with No 6 *convex*.

On examination with the ophthalmoscope the fundas of both eyes seemed normal. The iris was tremulous in the left eye, and there can be no doubt that in this eye also the attachments of the suspensory ligament have given way to some extent; but as the pupil in this eye was contracted, as a consequence of the large dilatation in the right eye, it was not possible to determine how much dislocation of the lens existed unless after artificial enlargement of the pupil, to which it was not desirable to resort lest anterior displacement might perhaps occur in this eye.

Three large doses of extract of calabar bean were put into the right eye; producing, at the end of an hour, an evident though but slight diminution in the size of the pupil. This proved, however, insufficient to prevent the lens from again falling into the anterior chamber on his making a slight movement forward. It was again replaced by friction upon the cornea, and he was kept on his back, but not in the dark, for some time longer. But even the slight effort of rising from his chair, without any perceptable forward movement of the head, sufficed again to propel the lens through the pupil. It is not unlikely that some accommodative effort of the eye may have had an agency in the displacement.

Replacement being once more effected, he was dismissed with directions to put a square of calabar gelatine into the eye every hour, in the hope that sufficient contraction of the pupil might be induced to form a permanent barrier to the escape of the lens into the anterior chamber.

Reviews and Book Notices.

NOTES ON BOOKS.

Messrs. J. B. Lippincott & Co. announce as nearly ready "The Code of Health of the School of Salernum," translated from the Latin, with an historical introduction and appendix, by Prof. John Ordonaux, of the Law School of Columbia College. This poem is famous as one of the landmarks in medical history, rather than in medical science, and, having had the least possible value for the health of any generation that has risen since it was first composed, it long ago became merely a literary curiosity.

BOOK NOTICES.

The Medical Adviser; a full and plain Treatise on the Theory and Practice of Medicine, especially adapted to Family Use. By Regin Thompson, M. D., permanent member of the National Medical Association, etc. Cincinnati: National Publishing Co. 1870.

We are not open to any accusation of bigotry about popular medical instruction. On the contrary, we believe some of our readers have thought we approved too strongly of liberal knowledge on medical subjects. All the more, however, do we insist that when our science is popularized, it shall be done by skilled and reputable writers; all the readier are we to castigate and expose the impudent charlatan who, under the pretence of teaching the masses, merely blows his own trumpet, and pushes forward his own narrow theory.

We have examined with becoming care the specimen pages sent us of the work mentioned above, and we warn, in the most emphatic tones, all physicians against recommending or endorsing it, as many, no doubt, will be asked to do. The simple fact that the author is a member of the "National Medical Association"—a body of advertising empirics—is enough to stamp the book as worthless. But we will not let what some might call our prejudices influence us. Let us turn to the work itself.

The author is a south-western herb-doctor, who loses no opportunity to sneer at regular practice and laud his teas and extracts. He is not over burdened with modesty. The success of his treatment he assures us, is "unprecedented." On page 70, he says he is "able to select the exact articles to meet the indications in fever." In erysipelas he is not less happy; "my cases all recovered" he informs us on (p. 220.)

He prides himself not a little on his "plain and clear style." His friends he adds, "impressed it upon him that he possessed the peculiar qualifications necessary to write a family medicine book. Jocose friends! And he, poor man, actually believed them. Here is a specimen of the "plain and clear style:" "At the *post-mortem* examination the pericardium was found inflamed, especially its diaphragmatic portion; its vessels were distended, and spots of ecchymosis were found beneath the serous membrane."

We should like to know how many farmers and housewives could make anything out of that.

What surprised us not a little, was that commendatory letters accompanied these pages from Dr. W. K. Bowling, of Nashville Tenn., Dr. J. A. Thacker, Editor of the *Medical Repertory*, Cinn., and some other medical gentlemen of repute. We cannot believe that these gentlemen knowingly endorsed such stuff as this by an irregular practitioner. It would appear that Thompson sometime ago wrote a book on fever which received some favorable notices, as the author naively remarks: "A part of these testimonials was written for his Treatise on Fever, but they will apply as well to this, as his Treatise on Fever is embodied in the Adviser."

This is probably how Drs. Bowling and Thacker are committed, and we hope they will both aid us in exposing this attempt to palm off medical hash on the public under the sanction of their names.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, FEBRUARY 5, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

COSMETICS AND COSMETIC SURGERY.

In the *Annales d'hygiene* for 1862, Professor O. REVEIL, of the faculty of medicine of Paris, has an article on cosmetics in their relation to public health, (*Dès cosmétiques au point de vue de l'hygiéne*). When it is remembered that precisely those drugs and chemical agents, which are most actively poisonous, enjoy the highest reputation for their beauty-bestowing power, and yet that the manufacture and sale of these agents in secret preparations, engage millions of dollars of capital annually, in every civilized country, the importance of this inquiry as a branch of state-medicine, becomes very evident. We do not doubt that thousands of cases of obscure disease are now under treatment in this country, which are, in fact cases of poison by cosmetics.

As examples, we have but to refer to the suggestive article by Dr. SAYRE of New York, in the last volume of the Transactions of the American Medical Association, where several instances are given of poisoning by *one* cosmetic, a popular means of whitening the skin, which contains lead, by induced saturnine poisoning.

Yet lead is far from being the most dangerous ingredient in secret cosmetics. Various salts of mercury, especially white precipitate and corrosive sublimate; prussic acid, bismuth, and arsenic, are still more widely used.

Hitherto, very little attention has been paid in this country to this important fact in the public health. In France, it has been, and is the subject of stringent yet not effective laws. It has been found impossible to prevent the venders of secret beautifiers from employing the dangerous, yet potent, and efficacious drugs we have mentioned. This failure is confessed and deplored by Prof. REVEIL in the last edition of his *Formulaire des Médicaments Nouveaux* (p. 648), and as the only means left, therefore, to combat this growing evil, he gives a number of recipes for cosmetics, dentifrices, hair oils, depilatories, blanches for the skin, etc., which are efficacious, and which do not contain any of those virulent and noxious substances we have mentioned.

His course is undoubtedly the only one by which the public health can be guarded at this point. But it has one serious disadvantage. Physicians should, indeed, acquaint themselves with the formulæ and mode of use of such innocent cosmetics, but it is nevertheless true that they are but rarely applied to for such

formation. The public are aware that the profession as a body pay little attention to such matters, and furthermore, every druggist keeps a store of preparations of the kind constantly on his shelves. However, very few persons have any idea of the risk they run in using these preparations. They must be made aware of their danger before they are urged to avoid it, and simple and harmless means must be placed in their reach, to substitute for those noxious ones which they otherwise will certainly use.

Impressed with these facts, two physicians of this city, one of them the associate editor of this journal, and the other a frequent contributor to its pages, have written a work intended for the general reader, on the hygienic cultivation of physical beauty.* It enenters at length into the arts and mysteries of the toilet, points out many injurious preparations which are sold as cosmetics, explains their dangers, and gives in place of them numerous recipes which are without risk, and yet of real service. The authors do not by any means stop here, but recognizing the love of the beautiful, when properly educated, as one of the purest and noblest traits of humanity, they define the proportions and artistic rules of the perfect human form, and mention all the resources which hygiene, medicine, and surgery, and even the arts of the shops have devised to attain and simulate such perfection. Some of the revelations are curious in the extreme, and every reader can find much to interest and instruct them. A number of pages are devoted to the consideration of obesity and lameness, and "Bills of Fare," are given, carefully drawn up from the best authorities, and adapted to American life, by which by diet alone, the weight can be increased or diminished with unfailing certainty.

Gymnastics, orthopedics, perfumes, the care of the hair and skin, the removal of scars, marks, and other unsightly blotches, and a great variety of other topics are treated of or referred to, and the work closes with a review of a large number of previous works on the same subject, among which we notice a number of names which rank among the foremost in the profession in Europe, but very few indeed in this country, so that our authors may be considered pioneers in this useful department of State medicine and popular hygiene.

* Personal Beauty: how to cultivate and preserve it in accordance with the laws of health. By D. G. Brinton, M.D., and G. H. Napheys, M. D. 1 vol. 8 vo. pp. 346. W. J. Holland, publisher, Springfield, Mass. Sold by subscription only.

BABY-FARMING IN PHILADELPHIA.

We read with astonishment and horror the revelations concerning "baby farming" in London, which were published about a year ago, in various English medical journals. That such an abhorent crime was carried on within a few squares of our own office was a fact of which we did not dream. But within the last few weeks the detectives have been investigating a case which has brought to light the existence in Philadelphia of a house where illegitimate infants are received and so cared for, that their death is the result within a few months. According to the report made to the Mayor by the detectives, children whose parentage is not recognized by law are received immediately after birth, at the house in question, the proprietress of which states, "that she makes it a business to take charge of new babies, and keep them until they die," adding, "they don't live long, generally not longer than four or five months!" This woman further stated to the detectives that she had received from one person, whose business it is to take care of the mothers, seven or eight babies, all of whom, with the exception of one, died. Her mode of feeding is to give them fresh cow's milk, diluted with water—*three-parts water*—boiled, and mixed with loaf sugar. For this care and attention the woman charges $3 per week, while those who send the unfortunates to her are responsible for expenses in cases of sickness and death.

It will readily be perceived by the above that the death of the helpless children is expected as a desirable result of their treatment.

There is reason to believe that this infamous trade of infanticide has been in existence for many years in this city, and that certain villains calling themselves "doctors" and claiming a respectable position in society have been if not participants in the nefarious business, at least cognizant of it, and have thus indirectly countenanced it. Every honest man, will hope that such rascals will be discovered and exposed. It is the duty of every physician who attends families, where infants are "taken in," to acquaint himself with the food and treatment they receive and if he sees anything suspicious, anything which looks as if the design is to get rid of the babies, instead of to bring them up, then he should report his suspicions at the Mayor's office. This detestable practice must be rooted out of our city.

Notes and Comments.

Office in New York.

It will be observed that we have opened an office in New York at 737 Broadway. Mr. Z. P. Hatch, who is well known to the medical profession, having long been engaged in business connected with medical publications, will attend to the interests of all the serial publications of this office, in that city and vicinity, or wherever business may call him. The large and constantly growing demand for our publications north and east of this point, and our large advertising patronage from New York and New England, require that we should have a local habitation in New York.

M. Claude Bernard.

The Paris correspondent of the *Literary Gazette* gives an interesting sketch of this eminent physiologist:

He was born at St. Julien, a small village near Villefranche, Rhone county, to which, unlike most Frenchmen (they are absolutely indifferent to their birth-place; M. Sainte-Beuve never once revisited his, although it is only a few hours from Paris; M. Theophile Gautier once revisited his native town, and remained there forty-eight hours,) he is devotedly attached. He has added to the patch of vineyard his parents possessed, and now possesses quite a large vineyard. He regularly goes there to superintend the vintage, and remains there until he has sold his wine. He retains the friendship of his old playfellows and his parents' cotemporaries, and delights to grasp their hard hands when they greet him with "Good day, Bernard, how art *thou?*" To which he replies: "Thank, *thee*, Frise, and *thou?*" M. Bernard's parents were extremely poor. His mother used to carry eggs to Villefranche to sell from door to door. She determined to give him a good education, and when he completed his studies she expressed a desire to see him enter a dry goods' shop. His good fortune, however, led him into an apothecary's shop. He became infatuated with chemistry, made rapid progress in it, had his attention turned to physiology, studied under Magendie, who took a fancy to him and pushed him up with all his influence. Two or three years ago M. Claude Bernard fell ill at St. Julien, and was confined to his bed for six months. His wife, who after her first visit positively refused to return to "that horrible hole," did not go to see him once during his long illness. He deeply felt this exhibition of indifference, and it is said to have been the last, the decisive wrong which led him to bring suit for divorce. Two children, daughters, issued from this marriage. He is now a member of the Academy of Sciences and of the French Academy, a senator, a professor at the College of France and at the Garden of Plants, all of which places yield him an income of some $10,000 gold annually.

A Private Asylum.

When so much is being said against private asylums for mental diseases, we are pleased to quote a tribute to that which for so many years has been under the care of Dr. BLANCHE, near Paris. A correspondent of a literary cotemporary writes of the life of the French author Antoni Deschamps. He attempted a translation of Dante, but in the midst of it his mind, overwrought by the flights of the Italian's imagination, became shattered, and Antoni Deschamps was obliged to seek refuge in the famous private insane asylum of Dr. BLANCHE, who was so kind and so considerate to literary men and artists. How many of them lost reason in the chronic fever of Paris life and were restored to self-possession by that excellent physician's care, attention and skill! Antoni Deschamps's insanity was intermittent, and, in the lucid intervals, he was fully conscious of his painful affliction. During reason's eclipse his favorite freak was to empty his purse into the hands of the poor he met, copper, silver, gold, bank notes—everything went until the purse was emptied. In four years' time Dr. BLANCHE cured him. Meantime he had formed an attachment to the house, an insane asylum as it was, and he made it his home for five and thirty years. Dr. BLANCHE died, and his son succeeded him, still there poor Antoni Deschamps remained, making a mad-house his home.

The Climate of the Bahamas.

A correspondent of the *N. Y. Tribune* speaks of the island of Nassau as a health resort. He says:

The climate is marvelously fine. The thermometer, I am told, will scarcely vary four degrees in as many months. The air is balmy, without being enervating. There is positive enjoyment in breathing it. It has frequently wrought almost incredible cures in lung difficulties. There are not a few people living here now, in apparently perfect health, who came here dying with consumption.

The hotel here is the finest structure on the island. It was built by the Government, not very long since. It is now exceedingly well kept, and would compare not disadvantageously with the best New-York hotels. The opportunities for boating, sporting, and driving, are excellent. The roads formed of the native rocky bed of the island are as good as concrete. Altogether, these are charming Winter quarters, where, instead of hail and snow, and stormy blast,

> "Blossoms and fruits and flowers together rise;
> And the whole year in gay confusion lies."

Dr. Paul Schœppe.

This medical man now under sentence of death in this State for the murder of Miss Steinecke, is certainly one of the most ill-fated men, or one of the wiliest of criminals. He has been respited on the ground that the evidence of poisoning in the case of the body was unsatisfactory, which was true. Then Professor Greist of Berlin, Prussia, wrote stating that Dr. Paul Schœppe, under sentence of death for murder, at Carlisle, was probably the same Paul Schœppe who had been convicted of grand larceny and forgery in Berlin, in 1862, and who afterwards emigrated from Prussia to America. The coincidences were certainly very remarkable. The names were the same, ages about the same, both were students in German Colleges, both had fathers who were country clergymen, both fathers occupy questionable positions, and both emigrate from Prusia to America. In addition to all this, we are informed upon competent German authority that the name "Schœppe" is not a common one. Now we have two affidavits, which throw strong doubt on the assumed identity of the two Paul Schœppes. There are three affidavits, but one of them amounts to nothing. Charles Pache, who was a witness in the Berlin trial, and is now a resident of New York city, swears that he has visited Dr. Paul Schœppe, in prison, and does *not recognize him* as the Paul Schœppe tried and convicted in Germany in 1862; and F. A. Botticher, also of New York, testifies that he was a fellow student of Dr. Paul Schœppe, of Carlisle, at the gymnasium at Zulichau from 1859 to 1863, a year later than the Berlin trial. These are fair offsets to the letter of professor Greist, but they do not by any means conclude this extraordinary case of coincidence.

The forger Paul Schœppe of Berlin had a father who was implicated in the crime; so has the alleged murderer Paul Schœppe. In fact we are inclined still to believe that Dr. S. has no worse fate than he deserves.

Maternal Impressions.

A correspondent at Philipsburg, in this State, relates the case of a woman, who, in the second month of pregnancy, was greatly alarmed by treading on a rattlesnake. The animal was dead, and its bowels were protruding from the wounds it had received. The spectacle made a deep impression on her. She aborted at the seventh month, producing a male child, dead, and the bowels protruding from the umbilicus, surrounded by a dark colored sac. As such fetuses are not very unusual, we doubt whether, in this instance, the malformation can fairly be considered certainly derived from the fright.

☞ We have unfortunately mislaid the letter that accompanied the article in this number, on Syphilis, and thereby lost the name of the author. Will the writer please communicate with us?

Correspondence.

DOMESTIC.

The Turkish Bath.

EDITORS MED. & SURG. REPORTER.—Having recently had a personal demonstration of the most agreeable and effective mode of bathing which I have seen or tried, I deem it appropriate to present the subject to my professional associates as an effective assistance of medicinal treatment of many diseases, especially those which need a very thorough perspiratory operation. The plan referred to is of that class denominated Turkish Baths, but this one being under the direction of a professional gentleman, viz: Charles H. Shepard, M. D., some additional very pleasant and effective arrangements and modes of administration have been adopted by him, the entire operation being more useful and agreeable than that of any plan before known.

The first step of the operation, is the occupation, by the patient of a room, the atmosphere of which is peculiarly dry and warm, wherein the body, being unclothed, saving a cloth around the loins, remains on a comfortable seat about fifteen minutes, with the feet placed in a vessel partly filled with pure warm water, the head having been previously moistened so that by the evaporation of the water the brain is kept free from any possible congestion.

The next step is into a room still warmer where the person remains about fifteen minutes more, or until the perspiration accumulating upon the cutaneous surface has so moistened the outer skin and debris, which is being constantly deposited thereon, as to render its removal feasible by the succeeding process.

The individual is then removed to an adjoining room, the atmosphere of which is also warm, and there he lies upon a bench where the entire cutaneous surface is immediately and very effectively treated with several operations by a very energetic and competent shampooer, after which thorough operation the patient stands up and the whole body receives agreeable application of water in the form of very numerous small streams, whereby it is thoroughly cleansed, and then if deemed appropriate he is invited to plunge his person into a reservoir of water of a lower temperature, whereby the cutaneous circulation is further improved; and being immediately afterward perfectly dried, he is removed to another agreeable room where he sits upon a very convenient bench, with the body well covered with flannels. This concluding process occupies some ten or fifteen minutes more, during which time the body is gradually cooled down, the pores are closed, and the person yields to the refreshing influences of the

bath. By these processes the cutaneous circulation is inevitably benefited, and the nervous system greatly purified and strengthened. It is very manifest that many of the febrile irritations, cutaneous diseases, rheumatism, internal congestive, and inflammatory troubles, catarrhs, pulmonary, gastric, and intestinal irritations, several nervous troubles, and most other disorders which require the purification of the blood, it being thus very effectually performed, are by this means very greatly relieved, and the entire structure, both internal and external, is greatly improved. It would be pleasant for most professional gentlemen, (and also ladies) to call and test the operation, so that its happy efficacy may be appreciated personally, and its assistance to their medical treatment of patients may be known. Dr. Shepard is quite willing to demonstrate its influence upon the person of every professional colleague. His address is 63 and 65 Columbia street, Brooklyn, Long Island. Different houses are appropriated to ladies and gentlemen. J. H. GRISCOM, M. D.

New York, Jan., 1870.

Uterine Hydatids.

EDS. MED. AND SURG. REPORTER:—There is reported in current, vol. No. 2, a case of "uterine hydatids." I will add the following case from my note book: First called to attend Mrs. A., aged 39 years, on February 24th, 1868, for uterine hemorrhage, with dropsy, as she thought, found her pale, anæmic, complaining of great debility, which confined her to bed; enlarged abdomen, equal to 7th month of pregnancy; lower extremities edematous, presenting the general appearance of a case of ascites; had her last regular catamenial period 23d December, 1867; attacked on 28th January following with uterine hemorrhage, which has continued with greater or less severity to this time. She dates her ill health and this enlargement from her last period mentioned, to which time she had good health. Has had seven children, with two abortions. Prescribed bi-tart. potass., with astringents and tonics, etc.

On 11th March following was taken with uterine pains, followed by the expulsion of an hyatid mass, which filled twice an ordinary chamber vessel, varying in size from a pea to a marble. At this time she was greatly prostrated; gave ergot, opium, and stimulants; uterus contracted well; all enlargement and trouble gradually disappeared under the use of iron and quinine, and she is now in good health. All this trouble, as by dates, occurred within less than three months, and was attended with such symptoms that I must confess that I did not make out a correct diagnosis until the expulsion of the mass, but was in doubt as to the cause, and treated the case on general principles, according to the symptoms most prominent. Had I been led to suspect hydatids, how would I have verified the fact otherwise than by waiting?

T. M. WOODSON, M. D.

Gallatin, Tenn., January 21st, 1870.

Another correspondent furnishes a second case.

I was called, Oct. 11th, 1869, to see Mrs. B., aged forty, married lady, the mother of six daughters and one son, the youngest child two and a half years old. Found her flooding, but not profusely. She gave me a brief history of the case, as follows, viz: She stated that she was pregnant; had not menstruated for near seven months; was very large and had felt motion for three months.

From my examination and the history of the case I believed my patient to be pregnant, and that placenta prævia was the cause of the flooding. I gave anodynes, and instructed her to keep her bed while the flowing continued. She continued to flow every third or fourth day up to Jan. 1st, 1870. I was called to the case 9 o'clock, A. M.; found her in labor pains, weak and flowing; made vaginal examination; found os dilated to the size of a 50 cent coin; the touch was that of placenta prævia as I believed; gave fluid ext. ergot ʒj. every two hours; pains became stronger and stronger, and the flowing rather alarming. I sent for Dr. D. W. CRAIG in council, but he did not arrive until the hydatid contents were expelled, and the patient tolerably comfortable. After pains were strong and continued for two days, longer and stronger than in former confinements. The lacteal secretion more profuse than when confined with her former children. From her own history of her case she was eight months pregnant and flowed every third or fourth day for three months previous to her confinement. She convalesced rapidly and is now able to attend to her household duties.

Aledo, Ill. GEO. IRVIN, M. D.

Is Quinine a Partus Accelerator.

EDITORS MED. & SURG. REPORTER.—During the past fall, I have had two cases come under my notice, having a bearing upon this question. I will state the facts in as few words as possible.

Mrs. V——, is the mother of five children, and is now pregnant with her sixth child. I was called to see her last September and found her complaint to be chill and fever—she was then four months advanced in pregnancy—a child being expected in a few hours, I gave her eight grains of quinia, and left her to see another patient a few miles beyond. On my return she told me she was in labor, the pains being regular, and seemingly natural as at full term. I got her under the influence of morphia as soon as possible, when her pains gradually left her, and she had no return of them up to the time I last saw her, about six weeks since, although she has suffered from intermittent fever repeatedly.

The second case was that of Mrs. F——, pregnant for the first time. When called to see her, I found her suffering from chills and fever; although then free from pain, I learned that during the past few days, she had had severe abdominal pains, which she believed were due to the severity of the chills and fever. She was seven months pregnant; had taken considerable quinia, the last dose about twenty-four hours previous to my seeing her. Instead of quinia, I directed Fowler's solution to meet the next attack. That night (before taking any of the solution) she was delivered of a dead child. After this I gave quinia without any of the pains, which she said had followed its previous administration. Typho-malarial fever followed and she is now convalescent. Both patients resided on low ground near water, the first being a location most favorable for invasions of intermittent fever; the latter was removed to a higher location as soon as she could be moved.

Kansas. A. BURT, M. D.

Adherent Placenta.

EDS. MED. AND SURG. REPORTER:—On October 28, 1869, I was called to see Mrs. Conor, and arrived at six in the evening. She stated that she had been sick since morning. After waiting until she had a few pains, I told her that I would leave, as her pains were so light I thought she would not need me that night, when she replied that the "water had broke." Upon making an examination I found the os uteri dilated considerably. I waited a few hours, but the pains were hardly to be noticed on her; but there was a continued bearing down of which she complained a good deal. At different examinations I found the os uteri dilating, and the head advancing steadily until about two o'clock in the morning, when there was no more progress in the labor. Waiting a couple of hours, I gave ergot, repeating the doses some three times. The uneasiness and continued bearing down were again experienced and kept increasing with scarcely any intermission, until daylight, when she was delivered of a boy, in all respects healthy, except that the right little finger and the one next to it were wanting. Waiting an hour, and the placenta not coming away, I attempted to deliver it, and found it attached to the uterus. This is the sixth or seventh case of attached placenta that has occurred in my practice. In removing an adherent placenta, I gradually introduce my hand into the uterus, as directed by the books, but never withdraw it until the placenta is entirely detached, when I withdraw it, and bring the whole of it away at once. I do not think that, if properly managed, that it is ever necessary to bring away a placenta by piecemeal, nor to leave any of it attached to the uterus, as some maintain.

Several years ago a lady addressed me with tears in her eyes, stating that she was again pregnant, and that this time she would die, that in her last three confinements the placenta was attached, and every time she came nearly dying afterwards; which I knew to be the case, having heard the particulars each time. Her physician told her that if she eve became pregnant again she would die. I told her not to be uneasy about it, that I would get her safely through, that I never knew a case to die from adherent placenta if properly treated. She stated her physician could not get it near all away, and that she had to lie for weeks after her confinements from weakness caused from discharges of matter (pyæmia, no doubt). At the fullness of her time I was sent for, and found her in labor, and in some 6 or 8 hours she was delivered of a dead boy. When I came to deliver the placenta, I found it attached to nearly the whole surface of the uterus. I was not discouraged, for I felt certain I would succeed in removing it without injuring her materially. When I introduced my hand I commenced with the ends of my fingers and continued to separate the placenta from the uterus gradually, turning my hand slightly, and going around between the uterus and placenta until I got it all separated, and then brought the whole of it away at a time. I afterwards introduced my hand again and brought away clotted blood, etc. I do not think that I left one-fourth of an ounce of the placenta. The lady recovered in three weeks, so as to be up and assist in her household duties.

In the former of the above cases it took me about fifteen minutes to remove the placenta; in the latter something over half an hour. I desisted several times during the operations to give my patients rest. They did not complain much from pain during the operations.

The death of the child in the second case was no doubt caused from interruption of circulation, caused, during labor, from adherent placenta.

E. A. OPPELT, M. D.

Loogootee, Ind., Jan. 3, 1870.

Gross Malpractice.

EDS. MED. AND SURG. REPORTER:—Dr. ——— was called to see Mrs. ———, who was in labor; pains were feeble. He gave her an opiate. In the night, some time, he was called to see her. Her pains were returning, but not strong enough. He gave ergot, waited, but becoming impatient he turned the child, but during the operation the uterus ruptured! After he had turned he could not deliver the head. He severed the head from the body with a knife! He then sent for counsel, but before the counsel arrived he reached up for the head, but it had escaped out of the uterus into the abdomen, and he at length found it but could not

deliver it. He then thought he had hold of the navel string and made traction until it gave way, when he placed it with the placenta. One of the ladies present discovered an intestinal worm in it, and on examining it she found it to be a piece of the woman's intestines. He (the doctor) told her if she had anything to say that she had better say it soon, for she could not live half an hour. She wished to see her minister but she died in ten minutes. Post-mortem examination was held by two physicians, who verified the above to be correct. The notorious Dr. got off by paying $300 to the husband!!! Cheap wife. This notorious man is practising in the same village, and there are enough to take his part by saying that any physician is liable to mistakes!

Ohio. M. D.

News and Miscellany.

The Sea Serpent.

Whatever may be the fact concerning the actual existence of the sea serpent in the waters of our present ocean, says the Yale College *Courant*, the results of recent very interesting explorations prove conclusively that this monster was not a myth in past geological times. Prof. O. C. Marsh, who has for some time past been investigating the character of the vertebrate remains found in the Tertiary green sand of New Jersey, describes, in the November number of the *American Journal of Science*, a new and gigantic fossil serpent, to which on account of its size, he has given the name Dinophis grandis. This remarkable animal, belonging to a new genus, as well as species, is represented by a single dorsal vertebra, now in the college museum. From this specimen Professor Marsh concludes that the animal must have been not less than thirty feet in length, and was probably a sea serpent, allied to the boa constrictor of modern times. The vertebra was found in the Eocene green sand, near Shark river, Monmouth county, N. J., and was presented to the museum by Dr. W. S. Kimball, of Eatontown.

More wonderful still, however, are the remains of several new species of that most remarkable of all ancient reptiles, the Mosasaurus, discovered by Professor Marsh, and described in connection with the serpent. This order of reptiles combines in itself features of serpents, lizards, and plesiosaurs. The Mosasaurus itself is described by Professor Cope as a "long slender reptile, with a powerful pair of paddles in front, a moderately long neck and flat pointed head. The very long tail was flat and deep like that of a great eel, forming a powerful propeller." A view of one species of this formidable animal is given in a plate in the *American Naturalist* for April last, reprinted in the December number of *Harper's Magazine*. It is the animal seen on the right, having a forked tongue, and rearing from the water. One of the new species discovered by Professor Marsh, to judge from the almost complete skeleton in his possession, was probably not less than seventy-five feet in length! Its head measured five feet, and its jaws were set with enormous teeth. Associated with it were two smaller species, named by Prof. Marsh, M. Copeanus and M. Meirsii, respectively. And also a new genus of marine saurians, which he names Halisaurus, represented by two species, H. platyspondylus and H. fraternus. Either the Dinophis or the Mosasaurus fullfils the requirements of the modern sea serpent. And in the early Tertiary era, the New Jersey waters must have swarmed with these marine monsters.

Eye Salve.

The Springfield (Ill.) *Journal* records a trial in the County Court which is interesting to all persons who have ophthalmia. Torrey, the plaintiff, had inflamed eyes. He saw advertised the celebrated "Dr. Walker's Chemical Eye Salve," and he purchased a box of that renowned medicament. He applied it to one eye before going to bed, and of that eye he awoke in the morning stone blind—to the damage, as he said in his declaration, of $10,000. Upon this, to make matters sure, he salved the eyes of a dog with the same sovereign remedy, and the dog became as blind as Homer in a a few hours. The defendant, the druggist who sold it, proved, however, that two hundred persons had used the salve, and that none of them had totally lost their sight. Verdict for the defendant. Moral: Be careful how you use quack preparations for the eye, and, whatever happens, never sue a druggist.

Contamination by Zinc Tanks.

M. Riurek calls attention in the *Dingler's Polytechnic Journal*, to the fact that water, kept in small reservoirs made of zinc or collected from roofs covered with zinc is invariably contaminated with the metal, and that the use of such water for domestic purposes is highly injurious to health. The author recommends that where zinc vessels are used for the purpose indicated they should be painted over with asphalt varnish or any iron pigment.

French Infant Protection Society.

This Society of Lyons wishing to encourage mothers to nurse their children, will give at its meeting in 1870, a prize of $60 to the author of the best paper on the following subject: "Concerning the influence of nursing on the body and mind of the mother, of accidents and sickness which follow the neglect of this duty."

Improvements in Bellevue Hospital, N. Y.

A pavilion is to be constructed in front of the Bellevue Hospital on the river bank, where very hard cases of compound fracture are to be treated. Another improvement is that amputations are in future to be performed in a portion of the hospital set apart for that purpose, and now undergoing repairs. A number of youth are to be employed as ushers to direct strangers to whatever part of the hospital building they may desire to visit, and this new order will be much appreciated by visitors.

Civil Hospitals in Paris.

More than eight millions of dollars have been expended within thirty years upon the several civil hospitals in Paris, which contain 19,600 beds. Places of amusement pay a tax of eight per cent. on receipts, for the support of hospitals, and a heavy tax is also laid on every piece of ground purchased for cemeteries.

—We clip the following from a western newspaper: These overgrown youths would do well to husband their strength. Benjamin F. Keplinger, of Rush county, Indiana, who is 15 years old, six feet high, measures 46 inches round the chest, weight 235 pounds, and wears No. 12 boots, accepts the challenge of George W. Crawford, of Sciota county, Ohio, who is 15 years old, six feet and one inch high, 41 inches round the chest, weight 188 pounds, and wears No. 10 cowhides, to a trial of strength for $1,000 a side.

—The Castor Bean Plant, it is reported, exhibits extraordinary vigor in Los Angelos, Cal. It is asserted that five pounds of seed to the acre will yield an average of twelve hundred or fifteen hundred pounds for a crop. A manufacturing company in San Francisco offers to purchase all the beans that can be supplied, and are preparing to manufacture the castor oil of commerce on a large scale.

—A writer says: "Housemaid's knee" (a swelling of the knee caused by this class of servants kneeling to scrub and perform other domestic duties) is now called by the London surgeons "ritualistic knee," as a sly hit at the high churchmen who are always making genuflections. I mention this for the benefit of your lexicographers and medical students.

—The culture of the Cinchona treee in St. Helena, is progressing satisfactorily. The plants are all in excellent health, and have a fine, green, vigorous appearance. There are now about 5,000 plants out, and it is thought a sufficient number can be obtained from them to stock the whole colony.

—Dr. ELIZABETH BLACKWELL has commenced the practice of medicine in London.

—An exchange says: An elongated gentleman in Paris, Ky., was boasting that of five neighbors he was the smallest, although he weighed 225 pounds, and was six feet high. In the midst of his remarks, John Howard, of Bourbon, came in, and stepping up behind him, easily stretched his chin over the top of the boaster's head. Mr. Howard is six feet and ten inches high, and weighs 296 pounds.

—A bill has been introduced in the House of Representatives of Louisiana for the protection of holders of insurance policies in that State. This bill has many excellencies, and among other things requires the deposit of State bonds to the amount of $50,000 with the Treasurer of the State of Louisiana for the security of policy holders.

—The Brazilian specimen of "Old Uncle Ned" is announced to have died in Bahia, at the very respectable age of 150. The old man's memory was so green that it reached back to the year 1760, and his mental faculties are said to have worn fully as well as his body.

—One hundred and fifty babies have been found in the little basket crib at the door of the New York Foundling Asylum since the 20th of last November.

—A new variety of cinchona, yielding a larger percentage of quinine than any species yet analysed, has been discovered by the quinologist to the Madras government.

QUERIES AND REPLIES.

Severe Cerebral Pain.

EDITORS REPORTER: Will you permit me to ask a little advice and information in regard to an affection of the *head*, for which I have failed to find any cure or remedy? It is a case of two years' standing. The person is a lady of excellent general health; has never had a serious illness of any kind, but has since two years suffered with great sensitiveness in the head, to the touch, and to all loud sounds,—the noise in the street, music, bells, etc., accompanied with a noise in the ears, like the "singing" of a wood fire. She does not have much headache, but occasionally a constant, but not severe, pain back of the ears. Has tried electrical treatment, and has been treated by a celebrated U. S. physician, but neither the cause nor cure can be found. Will you inform me if it is a *curable* disease, or if it is probably to end in *deafness*. The hearing is *now* painfully acute and sensitive. The patient is unable to bear any loud noise without great distress. The ears have no wax. She has used almond oil, but the sensation is painful, and she cannot bear cotton wool inserted.

By advising me you will greatly oblige

A LADY SUBSCRIBER.

New York, January 21st, 1870.

Gleet.

We have received several replies to the query of Dr. D. F. A. We give them: "We are sometimes liable to make wrong diagnosis by making superficial examinations. The disease, "gleet," is prevailing; but the *term* "gleet" is much more so. I would advise D. F. A. first to examine his patient for a *stricture*, and if there is none, second to examine the gleety discharge for *spermatozoa*,

either by microscope, or by the other, less reliable, means. In spite of "the good habits of the patient generally," I would be particularly inquisitive about his (previous or present) habit of whether *onanist* or not, which would throw at once sufficient light upon the case.

By any means I would not try too many medicines, but would strongly recommend him to *take a wife.*

Elmira, N. Y. L. V.

Another correspondent (from N. J.) suggests also that the case is a stricture.

Dr. D. H. O'L., of Magnolia, Iowa, forwards the following prescription:

℞. Bals. copaibæ, ℥j.
Fld. extr. cubeb, ℥ss.
Spt. æth. nit. dulc., ℥ss.
Tinct. ferri chlor., ℥j. M.
f. ℥j ter die half hour before meals. Use with this an injection of ten grains sulphate of zinc to the ounce.

This treatment he has used long and successfully.

Dr. G. S. G., of New York, has used in a limited number of cases, with gratifying results, the following injection:

℞. Potass. chlorat. pulv., ʒiv.
Aq. rosaæ, Oj. M.
ft. solutio.

Sometimes he has increased the strength to grs. xxv. to the ounce.

Carbolic Acid.

Reply to Dr. J. B.—(To query I.) The comparative strength of the crystals and the (chemically pure) solution of the acid, is the following: "distilled water takes up five per cent. of pure acid, and it will hold no more; therefore the solution prepared in our Laboratory is a saturated aqueous solution, holding precisely five per cent." Standard formula of James Nichols & Co., Boston, Mass. (Vide Boston Journal of Chemistry, vol. III., No. 5, Nov. 1st, 1868, 50 *cts. per annum only.*)

(To query II.) The use of pure crystals is very limited, f.i. as an escharotic in surgery. The aqueous solution of James Nichols & Co., Boston, is the best adapted for medical purposes.

Elmira, N. Y. L. V.

Ascites.

A correspondent in North Carolina has a case of this disease which has been repeatedly tapped, but not materially benefited. He says: "The patient desires, after the next operation, to have a permanent orifice kept up, so that when the accumulation should prove troublesome she can remove the plug and let it flow off, in order to avoid repeated tappings.

This would be a novel method of treatment to me, and I write to know if it be practicable, and the means to be employed to accomplish the end."

Vaccine Virus.

Dr. De F., of Connecticut.—"I send you a crust from an infant a few months old. Is it as good as one from a child six or eight years old?"

Answer.—We believe that the age of the subject makes, *ceteris paribus*, no difference in the character of the crust.

French Diplomas.

Dr. J. B. B., of California.—"Please say whether a French diploma (i. e. one given by a school of medicine in France) is in Latin or French."

Answer.—In French usually.

Dr. C. R. J. K., of N. H.—"What work do you recommend on diseases of women, pregnancy, etc.?"

Answer.—Those by Cazeaux, Thomas, and Bedford, are worth your money.

OBITUARY.

B. W. DUDLEY, M. D.

Prof. Benjamin Winslow Dudley, widely known in the West and South as a surgeon, and as a successful teacher of surgery, died in Lexington, Ky., on the 20th of January. He was over eighty years old, and a native of Kentucky. After graduating at the University of Pennsylvania he completed his medical education in Europe, being a pupil of Baron Larrey, the Imperial Surgeon in France, and studying in Bartholomew's Hospital, under Mr. Abernethy, in London. He held the Chair of Surgery in the Medical College of Lexington for many years, and gained a reputation as a charming instructor as well as that of a successful operating surgeon.

MARRIED.

EDWARDS—BALLOU.—In Woonsocket, R. I., 26th ult., by the Rt. Rev. Thomas M. Clark, Dr. D. M. Edwards and Laura Ballou, daughter of Dr. Ariel Ballou, all of Woonsocket. No cards.

JENNE—GEORGE.—In Topsham, Vt., Jan. 10th, by Rev. F. A. Crane, Dr. Roswell C. Jenne and Miss Lestina E. George, both of East Topsham.

MORRIS—MCVITTY.—Jan. 4th, in Patterson, Ohio, by Rev. J. B. Strain, W. H. Morris, M. D., and Miss Hattie McVitty, daughter of Mr. John McVitty, of the above named place.

OWEN—IVES.—Jan. 22, at the St. James Hotel, New York, by the Rev. Dr. E. R. Beadle, of Philadelphia, Dr. Henry E. Owen and Sophie L., daughter of the late Lawson C. Ives, of Hartford, Ohio.

PAULLIN—LAMBERT.—On Thursday morning, January 6th, 1870, by the Rev. J. K. Murphy, D. D., Dr. George Mecke Paullin, of Canton, Salem county, N. J., and Miss Anna B. Lambert, youngest daughter of the late John E. Lambert, Esq., of Salem, N. J.

PRICHARD—COY.—By the Rev. D. N. Kinnil, at the residence of the bride's father, in Kaneville, Ill., Jan. 18, 1870, J. W. Prichard, M. D., formerly of Rome, N. Y., and Miss Debbie Imerta, only daughter of B. A. Coy, Esq.

PERRINE—STEVENSON.—January 19th, at St. Peter's Church, New York, by the Rev. Alfred Beach, D. D., William W. Perrine, of Milwaukee, Wis., and Harriet, youngest daughter of the late Dr. Miles Stevenson, of Chazy, Clinton county, N. Y.

STEWART—SNOWDEN.—January 6th, by the Rev. W. B. McKee, Thomas H. Stewart, M. D., of Murraysville, Pa., and Miss Sallie G. Snowden, of Hoguestown, Pa.

DIED.

TURNER.—In this city, January 20th, Willie Stanton, only son of Dr. Charles P. and Julia M. Turner, in the 8th year of his age.

GREENE.—In Pontiac, Michigan, January 11th, 1870, Marshall S. Greene, M. D., aged 35 years.

Dr. Greene was a graduate of Jefferson Medical College in 1858. He had obtained an enviable reputation as a physician, and was justly celebrated for his surgical skill. Though he was wealthy he applied himself to the practice of his profession and to his studies with an ardor and enthusiasm rarely equalled.

METEOROLOGY.

JAN.	17,	18,	19,	20,	21,	22,	23.
Wind.....	S. E.	N. W.	W.	E.	W.	E.	S. W
Weather.	Cl'dy Rain.	Cl'dy	Cl'dy	Cl'dy	Clear	Cl'dy	Clear Sl't w
Depth Rain	2-10						
Thermom....							
Minimum..	36°	36°	21°	25°	25°	22°	46°
At 8, A. M.	50	47	32	36	38	33	50
At 12, M...	59	46	36	45	45	44	57
At 3, P. M.	60	47	37	46	45	45	61
Mean.....	51.25	44.	31.50	38.	38.25	36.	1-10
Barometer..							
At 12, M...	30.2	30.3	30.2	30.1	30.2	30.3	30.2

Germantown, Pa. B. J. LEEDOM.